

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

S. P. Mactain 35284

State File No.

Registration District No. 218

Primary Registration District No. 5789

Registrar's No.

1. PLACE OF DEATH

(a) County Mississippi
(b) City or town Rural
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo. 8 Days (Specify whether years, months or days)
In this community 1

3. (a) PRINT FULL NAME

ROBERT OLIVER HILL

3. (b) If veteran, name war -

3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife Lottie Hill Clark (c) Age of husband or wife if alive 3 years
7. Birth date of deceased Sept 6 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Winston Co. Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business

12. Name John Hill
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant James F. Hill

(b) Address East Pease, Mo. Rt. 1

17. (a) Burial (b) Date thereof Oct 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ogwood

18. (a) Signature of funeral director W. H. Shultz

(b) Address East Pease, Mo.

19. (a) 10-12-1943 (b) S. P. Mactain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County Winston
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Carbon Hill (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10th
year 1943 hour 11:35 minute 9 M.

21. I hereby certify that I attended the deceased from Aug 10 to Sept 10
that I last saw him alive on Sept 5 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer lipo Duration 2 yr

Due to 45a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 45a
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature S. P. Mactain (M. D. or other)
Address Carbon Hill Date signed Oct 10 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED.

District Health Office No. 2,

District File Number 1043-1358

Date Filed 10-20-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

Francis Shelby

Licensed Embalmer No. 2926

P. O. Address East Prairie Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.